

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/588, P01</i>	FILING DATE
APPLICANT(S)							
11-18-63 7-26-64 CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		51
2		1		1		1	52
3		1		1		1	53
4		3		3		3	54
5	1		1		1		55
6		1		1		1	56
7		1		1		1	57
8		1		1		1	58
9		1		1		1	59
10		1		1		1	60
11		1		1		1	61
12		7		7		7	62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
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38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2		2		2		TOTAL IND.
TOTAL DEP.	18		18		18		TOTAL DEP.
TOTAL CLAIMS	20		20		20		TOTAL CLAIMS